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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/970,559
Filing Date	10/3/2001
First Named Inventor	E. Marlowe Goble, et al
Art Unit	
Examiner Name	
Total Number of Pages in This Submission	4
Attorney Docket Number	13447.46

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks <input type="checkbox"/> Certificate of Correction		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MedicineLodge, Inc.		
Signature	/David Meibos/		
Printed name	David Meibos		
Date	8/4/2006	Reg. No.	45,885

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	/Kathleen Hansen/		
Typed or printed name	Kathleen Hansen	Date	8/4/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**FEE TRANSMITTAL****For FY 2006**

(As of 01/01/2006)

Complete if Known

Application Number 09/970,559

Filing Date 10/3/2001

First named Inventor E. Marlowe Goble, et al

Examiner Name

 Applicant Claims small entity status.

Art Unit

TOTAL AMOUNT OF PAYMENT (\$100.00)

Attorney Docket No. 13447.46

**Method of Payment**
 Check  Credit Card  Money Order  Other  None
 Deposit Account:

50-3352

MedicineLodge, Inc.

The Commissioner is authorized to: (Check all that apply)

 Charge fee(s) indicated below Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**Fee Calculation (Continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
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1051 130 2051 65 Surcharge - late filing fee or oath.

1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.

1053 130 1053 130 Non-English specification.

1251 120 2251 60 Extension for reply within first month.

1252 450 2252 225 Extension for reply within second month.

1253 1,020 2253 510 Extension for reply within third month.

1254 1,590 2254 795 Extension for reply within forth month.

1255 2,160 2255 1,080 Extension for reply within fifth month.

1401 500 2401 250 Notice of Appeal.

1402 500 2402 250 Filing a brief in support of an appeal.

1403 1,000 2403 500 Request for oral hearing.

1451 1,510 1451 1,510 Petition to institute a public use proceeding.

1452 500 2452 250 Petition to revive - unavoidable.

1453 1,500 2453 750 Petition to revive - unintentional

1501 1,400 2501 700 Utility Issue fee (or reissue)

1502 800 2502 400 Design Issue Fee

1503 1,100 2503 550 Plant Issue Fee

8021 40 8021 40 Recording each patent assignment per property (times number of properties)

1801 790 2801 395 Request for Continued Examination (RCE)

1802 900 1802 900 Request for expedited examination of a design application.

1804 920\* 1804 920\* Requesting publication of SIR prior to Examiner action.

1805 1,840 1805 1,840 Requesting publication of SIR after Examiner action.

1806 180 1806 180 Submission of information disclosure stmt.  
1807 50 1807 50 Processing fee under 37 CFR 1.17(q).  
1809 790 2809 395 Filing a submission after final rejection (37 CFR 1.129 (a))

1810 790 2810 395 For each additional invention to be examined (37 CFR 1.129(b))

1811 100 Certificate of Correction \$100.00

1812 2,520 1812 2,520 For filing a request for *ex parte* reexamination.

1814 130 2814 65 Statutory Disclaimer

Other Fee Reduced by Basic Filing paid

Subtotal (3) \$10.00

**FEES CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Code	Fee(\$)	Code	Fee(\$)	Fee Description	Fee Paid
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1001 300 2001 150 Utility filing Fee

1111 500 2111 250 Utility Search Fee

1311 200 2311 100 Utility Examination Fee

1081 250 2081 125 Utility Application Size Fee

1002 200 2002 100 Design filing Fee

1003 200 2003 100 Plant filing Fee

1004 300 2004 150 Reissue filing fee

1005 200 2005 100 Provisional filing fee

1085 250 2085 125 Prov. Size Fee for

additional 50 sheets over 100

Subtotal(1) (\$)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Fee from Extra Claims below Fee Paid

Total Claims -20\*- = x =

Independent Claims -3\*\*= x =

Multiple Dependent =

Large Entity Small Entity

Code	Fee(\$)	Code	Fee(\$)	Fee Description	Fee paid
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1202 50 2202 25 Claims in excess of 20.

1201 200 2201 100 Independent claims in excess of 3.

1203 360 2203 180 Multiple dependent claim, if not paid.

1204 200 2204 100 \*\*Reissue independent claims over original patent.

1205 50 2205 25 \*\*Reissue claims in excess of 20 and over original patent.

Subtotal(2) (\$)

**SUBMITTED BY:**

Name David W. Meibos Registration No. 45,885 Telephone: 435-774-1504

Signature /David Meibos/ Date 8-4-06